

In the County Court of Lancaster County, Nebraska

STATE OF NEBRASKA
County of Lancaster

} ss.

Certificate of Final Decree

This is to certify that in connection with the proceeding in this Court indexed and docketed herein as in the matter of the estate of: LYNN GERLACH, Deceased,

Case No. 32020

a final decree was entered therein on October 13, 1977, in which the following described real estate is involved:

(I)

The West Half of the Northwest Quarter (W $\frac{1}{2}$ NW $\frac{1}{4}$) and the Northwest Quarter of the Southwest Quarter (NW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section Two (2), in Township Six (6) North, Range Five (5), East of the 6th P.M. in Gage County, Nebraska.

(II)

The South Half of the Northeast Quarter (S $\frac{1}{2}$ NE $\frac{1}{4}$) of Section Three (3), in Township Six (6) North, Range Five (5), East of the 6th P.M. in Gage County, Nebraska, except that part thereof heretofore conveyed by Deed recorded in Book 203 at Page 737 of the Deed Records of Gage County, Nebraska.

STATE OF NEBRASKA, County of Gage ss. Filed for record and entered in Numerical Index on 14th day of October, 1977, at 9:40 o'clock A. M., and recorded in Book 55 of Miscellaneous on Page 831.

NUMBER ✓✓
ALPHA
PAGED X
m-11

[Signature]
Register of Deeds

By _____ Deputy

Fee: \$3.00 Paid & Return: Michael M. Hroch, 114 W. 3rd St., Wilber, Ne 68465 (Receipt filed)

and that said decree designates the following persons as acquiring an interest in said real estate:

NAME	(I)	DESCRIPTION OF INTEREST
Dorothy M. Gerlach.....		Life Estate.
Robert L. Gerlach.....		Entire Fee Simple Interest, subject to the Life Estate of Dorothy M. Gerlach.
	(II)	
Robert L. Gerlach.....		Entire Fee Simple Interest.

Signed this 13th day of October, 19 77.



Raymond K. Calkins
County Judge
By *Vivian Hawn*
Deputy Clerk of County Court

BOOK 55 PAGE 831

STATE OF NEBRASKA, County of Gage:

Filed for record on January 12, 19 70 at 2:15 o'clock P.M.

and recorded in the Deed Record 203, Page 737

NUMERX
ALPHA
PAGED
COMP'D

Oliver L. Moore
Register of Deeds

By _____
Deputy Register of Deeds

SURVIVORSHIP WARRANTY DEED

Lynn A. Gerlach and Dorothy M. Gerlach, husband and wife,
herein called the grantor whether one or more,

in consideration of ONE AND NO/100ths DOLLARS AND LOVE AND AFFECTION

received from grantees, does grant, bargain, sell convey and confirm unto
Robert L. Gerlach and Bernice Gerlach, husband and wife,

as joint tenants with right of survivorship, and not as tenants in common, the following described real
property in Gage County, Nebraska:

NEBRASKA DOCUMENTARY
STAMP TAX
Special Assessments Permitted
JAN 12 1970
no consideration
\$ 5.00
BY Oliver L. Moore

Part of the South Half of the Northeast Quarter (S $\frac{1}{2}$ NE $\frac{1}{4}$) of Section Three (3), in Township Six (6) North, Range Five (5), East of the 6th P.M. in Gage County, Nebraska described as follows: commencing at the Southeast corner of said South Half of the Northeast Quarter (S $\frac{1}{2}$ NE $\frac{1}{4}$) of Section Three (3), in Township Six (6) North, Range Five (5); thence running North 520 feet; thence running West 590 feet; thence running South 520 feet to the South line of said South Half of the Northeast Quarter (S $\frac{1}{2}$ NE $\frac{1}{4}$) of Section Three (3), in Township Six (6) North, Range Five (5), thence running East 590 feet to the place of beginning.

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantees and to their assigns, or to the heirs and assigns of the survivor of them forever.

And grantor does hereby covenant with the grantees and with their assigns and with the heirs and assigns of the survivor of them that grantor is lawfully seised of said premises; that they are free from encumbrance ;

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whomsoever.

It is the intention of all parties hereto that in the event of the death of either of the grantees, the entire fee title to this real property shall vest in the surviving grantee.

Dated January 8, 1970

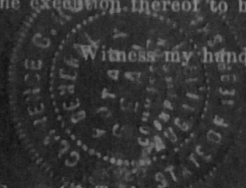
Lynn A. Gerlach
Dorothy M. Gerlach

STATE OF NEBRASKA, County of Saline:

Before me, a notary public qualified for said county, personally came
Lynn A. Gerlach and Dorothy M. Gerlach, husband and wife,

known to me to be the identical person or persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notarial seal on January 8, 1970



Charles C. Kim Notary Public

My commission expires August 11, 1971

Form 4.2/79, approved by Nebraska State Bar Association

Felton & Wolf Co., Lincoln, Nebr.

BOOK 203 PAGE 737

Pages 2 Doc Tax \$ _____ EX # 17

Fee Amt \$ 16.00 Ck Pd \$ 16.00

Cash PD \$ _____ Refund \$ _____

Paid by #276 KALKWARF Ck # 9066

_____ Ck # _____

CUSTOMER CHG CODE _____

RETURN TO #276 KALKWARF & SMITH

P O BOX 905

WILBER NE 68465-0905

State of Nebraska Gage County ss. Entered in
Numerical Index and filed for record the
_____ 5th _____ day of _____ May _____, 2014
at 8:30 _____ o'clock _____ A. M., and recorded as
INSTRUMENT NO **2014- 1252**

2014- 1252

2-6-5

Ruth E. Niemi
Register of Deeds

By _____ Deputy

TRACT INDEX
COMPUTER _____
CORRECTED _____
PAGED _____

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

Please return filed Documents to: **Bradley T. Kalkwarf**
Attorney At Law
P.O. Box 905
Wilber, Ne 68465-0905

**NEBRASKA DOCUMENTARY
STAMP TAX**
Date 5-5-2014
\$ EXEMPT-17 By RS

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

Transfer on Death Life Estate Joint Tenancy Other

DEED RECORDING DATE: October 14, 1977

DEED RECORDING INFORMATION: BOOK 55 PAGE 831

GRANTOR: Dorothy M. Gerlach

GRANTEE: Robert L. Gerlach

FULL AND COMPLETE LEGAL DESCRIPTIONS:

West Half of the Northwest Quarter (W $\frac{1}{2}$ NW $\frac{1}{4}$) and Northwest Quarter of the Southwest Quarter (NW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section Two (2), Township Six (6) North, Range Five (5), East of the 6th P.M., Gage County, NE

2014- 1252

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
APR 30 1986
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DECEDENT - NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)				
1. Dorothy			Margaretha	Gerlach	Female	3. April 16th, 1986					
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify)		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)				
4. White		5. German		6a. 74	MOS. DAYS	HOURS MINS.	7. January 4, 1912				
CITY AND STATE OF BIRTH (If not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		NAME OF SPOUSE (If wife, give maiden name)				
8. Clatonia Nebraska.			9. U.S.A.		10. Widowed		11.				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		COUNTY OF DEATH				
12. 507-78-7386		13a. Homemaker			13b. Own Home		14a. Lancaster				
CITY, TOWN OR LOCATION OF DEATH			INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			IF HOSP. OR INST. Indicate DOA, Outpatient/Emer. Rm., Inpatient (Specify)				
14b. Lincoln			14c. Yes	14. Professional Care Center			14e. Inpatient				
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
15a. Nebraska		15b. Lancaster		15c. Hallam		15d. Box 185		15e. Yes			
FATHER - NAME			FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME			FIRST	MIDDLE	LAST
16. Johann			Sagehorn	17. Dora			Ehlers				
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of service)			INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
18. NO			19. ROBERT GERLACH - SON - Hallam, Nebraska								
BURIAL, Cremation, Removal		DATE		CEMETERY OR CREMATORY - NAME			LOCATION CITY OR TOWN STATE				
20a. BURIAL		20b. April 19, 1986		20c. Lincoln Memorial Park			20d. Lincoln, Nebraska				
EMBALMED - SIGNATURE & LICENSE NO.			FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
21. <i>[Signature]</i> 2456			Lincoln Memorial Funeral Home 6800 S. 14th St. 22. P.O. BOX 2406, Lincoln, Nebraska 68502-0406								
To be Completed by Attending Physician	DATE OF DEATH (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH				
	23a. 4/16/86			24a.			24b. M				
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)				
	23b. 4/23/86		23c. 10:00 P. M.		24c.		24d. M				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.						On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.					
23d. (Signature and Title) <i>[Signature]</i>						24e. (Signature and Title) <i>[Signature]</i>					
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)											
25. S.C. Sorensen, M.D. 2121 S. 56th St., Lincoln, NE 68506						DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
26a. (Signature) <i>[Signature]</i>						26b. APR 30 1986					
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))											
PART I (a) Metastatic squamous cell cancer - UNKNOWN ORIGIN							Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related					PART III. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input type="checkbox"/>		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)		
28.					28.		29.		29.		
ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
30a.		30b.		30c. M		30d.					
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		
30a.		30f.			30g.		2014-1252				